

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Feb. 16, 2018

Case Number: 18-70

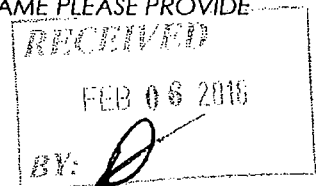
A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Hindley
Premise Name: Sanval Animal Hospital
Premise Address: 960 S. Sanval Ave #100
City: Goodyear State: AZ Zip Code: 85338
Telephone: 623-234-2243

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Doranne Chavez
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: LULU
Breed/Species: Chihuahua
Age: 6 yrs. Sex: Female Color: Tan

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Hindley
960 S. Sarival Ave #100
Goodyear, AZ 85338
623-234-2243

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Armando Baldenegro
[REDACTED]
[REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

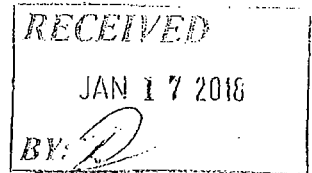
By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Roxanne Chang
Date: 1/31/18

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

01/04/18



Attention: Christina Kolv, Clinic Management

Sarvial Animal Hospital

960 S. Sarival Ave #100

Goodyear, AZ 85338

To Whom It May Concern (Management),

This letter serves as a **formal COMPLAINT** against this facility. I have been dealing with the grief of losing my beloved dog for the last few weeks and have decided to bring this matter to your attention.

On Sunday, December 10, 2017 my fiancé Armando rushed my dog (Lulu) to your "so called hospital" as she had been attacked by another dog and had multiple dog wounds/punctures to her neck. She was initially seen by Dr. Hindley and was given medications for pain, anti-inflammation, and anti-infection. Totalling a cost of approximately \$1,500.00. She was then sent home as we were informed that this facility was not a 24 hour overnight clinic and should keep a close eye on her overnight and take her to another hospital should I feel it was necessary. I was then instructed to bring her back in the morning (Monday, December 11th) so that she could be observed throughout the day and given IV fluids - at of course an additional cost. I left her with your clinic and was charged a fee for this day. On Tuesday, December 12 I felt the need to bring her back and call the office several times expressing my concern, yet again as her condition was not improving and I was worried with her nausea and abnormal breathing. This time I saw Dr. Allen, and yet again was charge more money for the visit and for additional medications that he felt could help. They gave Lulu a shot that was supposed to help with the nausea and was told to monitor her improvement. Again, giving me optimistic hope that she would pull through, never once alarming me that she could pass or worsen.

By this point I had begun feel as though the concern was not necessarily on my dog, but more on merely the amount of money that your office would be able to make on us. Dr. Allen had suggested perhaps a different medication for the pain other than the tramadol that she was on, I declined as I felt this was not necessary and that she could continue on the same medication. They mentioned that she seemed to have some improvement, and they were pleased with how she was doing. It was evident they were simply worried about the money being spent on her care rather than her actual state of condition.

I deeply regret taking my dog elsewhere, I chose to continue getting her seen with your facility because this is where we had begun treatment and had already spent more than \$1,500.00. On Thursday morning (December 14, 2017) I brought her in yet again for the drains to be removed as instructed by Dr. Allen and for what I appeared to be an infection to her neck area, which I had called to raise high concern with the foul odor that was coming from this wound....only to be told yes this is an infection and that we would have to just simply monitor it and let it runs its course and that perhaps the skin would just "die off". The Dr suggested switching antibiotics and sending a sample off to the lab to get test (which would cost \$250.00) I declined as it was quite OBVIOUS this was already an infection and needed to get taken care of not have fluid that he took sample of sent off. I put my faith into these Veterinarians and believed that they were providing the proper care for my dog, only to come to terms with the fact that this was not the case. I told Dr. Hindley on this last visit that I was also VERY concerned with her heaving breathing and her struggle for shortness of breath, and that this did not seem normal. He assured me that it was due to the air getting in her lungs and that this was to be expected. I wish that they had just been upfront with me and not allowed for me to endure such torture of seeing my beloved dog suffer through the week. Had I known this all would have transpired they should have put her down of her misery on Sunday when she was first seen.

This is not about the money for us, but rather the ethics and how I feel that your veterinarians are not properly trained. These Doctors look like they are fresh out of school and do not have the proper knowledge nor experience that I feel are to care for these type of unfortunate EMERGENT situations. She passed away on early Friday morning as her condition had simply worsened and there was nothing more medications could do for her. I wish I had listened to my gut instinct and taken her to another hospital, but I didn't and in turn lost my dog.

Even on the visit on Thursday to get the drains removed, I was advised I would not have to pay for that visit and yet Dr. Hindley still added this to the invoice. The technician that helped care for my dog mentioned that this should not have been on the invoice and therefore only charged me for the refill of tramadol and the additional infection medication she was given. Another \$53.13 to add to the expenses...expenses that were not needed.

I feel your clinic is more concerned with how much money you can make off of each customer and not the wellbeing of one's pet and take advantage of the circumstances. I plan report this to the better business bureau, to the Veterinary boards, Attorney General's office and will also be writing my feedback and reviews with google, yelp and any other search engines to inform the public of my unfortunate experience with your facility. I went to your location simply because it being close to my home, had I known this I would never have gone there at all.

Your horrible service will never bring my dog back, and I'm sure this letter will go nowhere, however I wanted to make sure this was addressed and someone was made aware of how poorly this situation was handled. It now makes me wonder if the Dr's very well knew she would not get better and didn't even give us the option to put her down, instead they chose to milk us for every dime they could. How completely heartless and inhumane!!!

Costs:

- 12/10/17 \$1,279.85
- 12/11/17 \$165.00
- 12/12/17 \$107.00
- 12/14/17 \$53.13
- 12/15/17 \$175.00 fee (cremated at another facility)

TOTAL \$1,779.98

Regards,

Roxanne Chavez
Roxanne Chavez

Cc: Better Business bureau; Cc: Arizona Veterinary Board

Arizona State Veterinary Medical Examining Board
1740 W Adams St, Ste 4600
Phoenix
AZ 85007

Paul Hindley
Sarival Animal Hospital
960 S Sarival Ave #100
Goodyear
AZ 85338

Ref: 18-70

Please find below my account of the events associated with this inquiry

Lulu first presented to our hospital as an emergency in the afternoon of 12/10/2017 with a history of having been attacked by another dog. She was assessed immediately on presentation in our treatment area. She was laterally recumbent with multiple severe bleeding puncture wounds on both the dorsal and ventral aspects of her neck. One of the wounds was so severe that her right jugular vein was exposed, but thankfully intact. Anisocoria was also present with a negative menace response bilaterally. Her right front limb was painful and had marked soft tissue swelling.

After my initial evaluation I was able to speak to Armando Baldengro and discussed the severity of Lulu's presentation and that at this point she was lucky to have survived the dog attack. I presented a treatment plan for initial stabilization and diagnostics to assess the full extent of the wounds whilst our technicians placed her on flow-by oxygen and placed an IV catheter. Armando accepted and signed the treatment plan which allowed me to start intravenous fluid therapy, analgesia as well as neck, forelimb and thoracic radiographs. I performed multiple radiographs, however only charged the client for 2 views. The radiology report confirmed severe soft tissue trauma to the neck, pneumomediastinum and a narrowed trachea. Neurological disease could not be excluded by radiographs at this time. The tracheal narrowing was expected to be an incidental finding and common in the breed. No fractures were observed. Opioid analgesia was sufficient to allow the neck wounds to be clipped and cleaned using chlorhexidine scrub and solution whilst maintaining Lulu on flow-by oxygen. I did not charge for oxygen use.

All wounds were flushed with copious amounts of sterile saline. The wounds were severe enough to warrant multiple drain placements due to the significant pocketing and dead space. I debrided and sutured the skin wounds and also closed the subcutaneous and skin layers to cover the exposed jugular vein. Two penrose drains were placed. The pneumomediastinum apparent on the radiographs would be expected to resolve once the neck wounds had been closed. Lulu's anisocoria and lack of menace response gave me concern for head trauma. I administered a single dose of mannitol in case of increased intracranial pressure.

Over the course of the next several hours Lulu stabilized and was able to stand unaided. Her menace response also returned. I reported my findings to Armando. I discussed my concerns for the suspected head trauma and that a neurological consult should be considered if she remained stable. I also

appropriately informed the owner that we are not a 24 hour facility and that for ongoing treatment overnight they should consider Blue Pearl Veterinary Partners in Avondale – the closest 24 hour facility. This was declined by the owner so I elected to keep her IV catheter in place overnight and have the owners admit Lulu the following morning for further supportive treatment and monitoring. I provided the owner with the contact information for Blue Pearl in case Lulu deteriorated overnight.

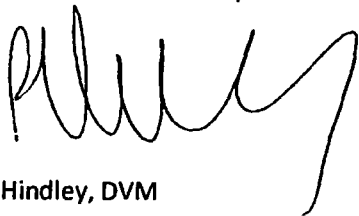
Roxanne presented Lulu the following morning 12/11/2017. She had remained stable but quiet overnight. I provided a treatment plan to restart her intravenous fluids and analgesia for the day which was accepted and signed by the owner. Lulu remained stable throughout the day, was more comfortable and was able to bear weight on her right forelimb. She was discharged that afternoon. I provided discharge instructions which the owner read and signed. The instructions listed possible complications of dog bite wounds, common medications used and informed the client that ongoing treatment would be at additional cost. I scheduled a medical progress exam for 3 days for possible drain removal. The owner was instructed to continue with the oral medication prescribed until otherwise directed.

I next examined Lulu on 12/14/2017. On examination several of her neck wounds had become swollen and bruised. I suspected that we would shortly be dealing with skin necrosis which is unfortunately common after dog bite wounds. Purulent material was draining from one of the ventral neck wounds. At this time I became concerned we may be dealing with resistant infection due to the lack of response to the current antibiotic therapy. I discussed this concern with Roxanne and recommended a culture and sensitivity to establish the best course of treatment for Lulu. This was declined.

I also discussed my concern with Lulu's persistent anisocoria and recommended referral to a neurologist. This was also declined. At this time, Roxanne reported to me that this was the second time that their other dog had been responsible for a dog attack. As the owner had declined further investigations, I recommended that we switch to an alternate class of antibiotics in the hope of controlling the infection. I also informed the owner of the developing skin necrosis but that our best course of action was to allow the non-viable tissue to present itself fully before considering further treatment. This would likely involve surgery to remove the necrotic tissue. I removed her drains and cleaned the purulent discharge and flushed the wounds. I did not charge for additional wound care.

I scheduled a medical progress exam for 12/18/2017 to assess the ongoing skin necrosis/infection and to establish a plan for further treatment. The client did not show for this appointment. Our office called the owner to attempt to reschedule but they did not answer. A voicemail was left. We did not hear from the client again until we received this complaint.

In closing, I stand behind the veterinary care our team provided in this case but regret that the owner declined my treatment recommendations and referrals which might have brought about a different outcome for Lulu. Thank you.

A handwritten signature in black ink, appearing to read 'Paul Hindley', with a long, sweeping horizontal stroke at the end.

Paul Hindley, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M. - **Absent**
Tamara Murphy

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-70
Complainant(s): Roxanne Chavez
Respondent(s): Paul Hindley, DVM (License: 6670)

SUMMARY:

Complaint Received at Board Office: 2/6/18
Committee Discussion: 5/1/18
Board IIR: 6/20/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow)

On December 10, 2017, "Lu Lu" a 6-year-old female Chihuahua was presented to Respondent on emergency after being attacked by a dog. The dog was hospitalized for diagnostics and treatment, and discharged later that day.

On December 11, 2017, the dog was re-presented for continued care and discharged later that day.

On December 12, 2017, the dog was presented to Respondent's associate due to vomiting, not eating and heavy breathing. The dog was examined, an injection of an antiemetic was administered and the dog was discharged.

On December 14, 2017, Respondent examined the dog; culture and sensitivity was declined therefore a different class of antibiotic was dispensed and the dog was discharged. The dog passed away following day.

Complainant contends Respondent was negligent in the care of the dog.

Complainant was noticed and appeared.

Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Roxanne Chavez*
- Respondent(s) narrative/medical record: *Paul Hindley, DVM*

PROPOSED 'FINDINGS of FACT':

1. On December 10, 2017, the dog was presented to Dr. Hindley by Complainant's finance after being attacked by a dog. Upon exam, the dog had a weight = 10 pounds, a temperature = 99.7 degrees, a heart rate = 160bpm and a respiration rate = 50rpm. Dr. Hindley noted that the dog was laterally recumbent with multiple severe bleeding puncture wounds on both the dorsal and ventral aspects of her neck. One of the wounds was so severe that the right jugular vein was exposed but intact. Anisocoria was also present with a negative menace response bilaterally. The right limb was painful and had marked soft tissue swelling.

2. Dr. Hindley spoke with Complainant's fiancé, Mr. Baldengro and discussed the severity of the dog's condition and that she was lucky to have survived the attack. He presented a treatment plan for initial stabilization and diagnostics to assess the full extent of the wounds. The dog was on oxygen and an IV catheter was placed. Mr. Baldengro approved the plan and the dog was started on IV fluids – Lactated Ringer's Solution, 50mLs bolus, then 20mL/hr – and administered buprenorphine 0.6mg/mL, 0.15mLs IV and meloxicam 5mg/mL, 0.18mLs SQ.

3. Radiographs were performed and revealed severe neck trauma with emphysema, pneumomediastinum and emphysema at the left lateral flank; no visible fractures.

4. Dr. Hindley clipped and cleaned the wounds; there was large pocketing at the dorsal neck with bruised skin, which he was concerned for future necrosis. Penrose drains were placed and ventral neck puncture was sutured closed to cover jugular vein. The dog's anisocoria and lack of menace response concerned Dr. Hindley for head trauma therefore he administered mannitol 5mL IV slowly over 30-minutes in case of increased intracranial pressure.

5. Dr. Hindley stated in his narrative that over the course of the next several hours, the dog stabilized and was able to stand without help. Her menace response returned and he reported his findings to Mr. Baldengro. Dr. Hindley discussed his concerns for suspected head trauma and that a neurological consult should be considered if the dog remained stable. He further advised that they were not a 24 hour facility and for ongoing treatment overnight, they should consider an emergency facility; this was declined therefore the IV catheter was left in place so the dog could return the next day for further supportive care and treatment. Information was given to Mr. Baldengro for an emergency facility in case the dog deteriorated over night. The dog was discharged with:

- a. Clavamox 62.5mg, 14 tablets; give 1 tablet twice a day;
- b. Meloxicam 0.5mg/mL, #10 dose once a day; and
- c. Tramadol Oral Suspension, 8mLs; give 0.9mL three times a day.

6. The following day, the dog returned for re-evaluation and monitoring after being attacked by a dog. Upon exam, the dog had a weight = 10 pounds, a temperature = 101.1 degrees, a heart

rate = 160bpm and a respiration rate = 60bpm. Lactated Ringer's was restarted at 20mLs/hr and buprenorphine 0.1mL IV (twice that day) was administered. The plan was to monitor the dog for any complications after the dog attack and head trauma.

7. Later that afternoon, the IV catheter was pulled and the dog was discharged. The dog was to return in 3 days for possible drain removal and to continue with the oral medications.

8. On December 12, 2017, Complainant called the premise and spoke to Dr. Arnold, Dr. Hindley's associate, to report that the dog had vomited the previous evening, was not eating and had very heavy breathing – the dog appeared comfortable on tramadol. Dr. Arnold recommended giving the dog a ½ dose of the tramadol at that time, monitor the dog, and if she was concerned at all – bring the dog in for exam.

9. Later that day, the dog was presented to Dr. Arnold for a recheck exam. Upon exam, the dog had a weight = 10 pounds, a temperature = 101.6 degrees, a heart rate = 148bpm and a respiration rate = panting; the dog was BAR. Dr. Arnold documented that the dog had bronchovesicular sounds bilateral, panting with an abdominal component. There were multiple puncture wounds near the right jugular, dorsal cervical region, with a drain in place; pronounced bruising was noted. Dr. Arnold suspected the wounds would necrose due to their severity. He also suspected that the panting was secondary to pain and advised Complainant that he did not suspect lung pathology but could not rule that out without further radiographs. Dr. Arnold offered an injection of an antiemetic for vomiting and nausea, and gabapentin for additional pain control. Complainant declined the gabapentin and approved the maropitant injection – cerenia 10mg/mL, 0.45mL IV. He advised that the injection may or may not help the dog's appetite. Complainant was instructed to call the office or go to an emergency facility if the dog was still not doing well.

10. The following evening, Dr. Arnold spoke with Complainant – she reported that the dog was still not eating, was resting comfortably, and that she noted a foul smelling discharge coming from the closed laceration that was not associated with the drain. Dr. Arnold explained that necrosis and infection of the areas was likely due to the severity of the dog's wounds and recommended having the dog examined sooner than December 15th; an appointment was scheduled for the next day – December 14th.

11. On December 14, 2017, the dog was presented to Dr. Hindley for a recheck. Upon exam, the dog had a weight = 10 pounds, a temperature = 99.1 degrees, a heart rate = 110bpm and a respiration rate = grunting; QAR. The dog was depressed, pupils were still uneven, the dog was not eating or drinking, she was grunting when breathing and there was a foul smelling discharge coming from neck wound/pocket of infection noted around area. Dr. Hindley recommended performing a culture and sensitivity of the infected site as he was concerned they were dealing with a resistant infection due to the lack of response to the current antibiotic therapy. Complainant declined. He further discussed the continued anisocoria and recommended a referral to a neurologist – Complainant declined this recommendation also.

12. Dr. Hindley recommended switching to an alternate class of antibiotics in the hope of controlling the infection and informed Complainant of the developing skin necrosis but that the best course of action was to allow the non-viable tissue to present itself fully before considering

further treatment. Surgery would likely be needed to remove the necrotic tissue. Dr. Hindley removed the drains, cleaned the purulent discharge and flushed the wounds. The dog was scheduled to return on December 18th. The dog was not brought back and calls were not returned.

13. Complainant stated in the complaint that the dog passed away on December 15th. She expressed concern that euthanasia was not offered and the veterinarians that treated the dog were only concerned with charging and not what was in the best interest of the dog.

COMMITTEE DISCUSSION:

The Committee discussed that they were concerned that the wound on the dog's neck did not have a drain placed. They also discussed if the importance of taking the dog to an emergency facility for overnight care was stressed to the pet owner. It may not have changed the outcome as the dog appeared to be doing well for approximately 3 days before she went downhill.

Placing drains generally have a better outcome however, in this case, Dr. Hindley sutured up the wound, after copious lavage, due to a large vessel being exposed. The Committee discussed that vicious dog bites almost mimic being hit by a car in some cases, in that the pet has some sort of cardiomyopathy two – three days later. The dog could have had cardiac rebound two or three days post event therefore regardless if the dog went to an emergency facility or not, the dog may not have done well.

The pet owner declined taking the dog to an emergency facility. The dog was returned the following day for continuation of care. Dog bites are difficult to determine what the outcome will be.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

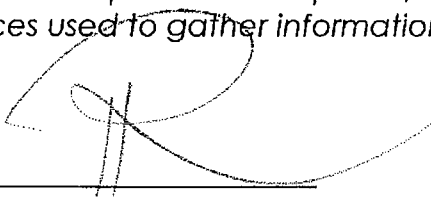
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A large, stylized handwritten signature in dark ink, appearing to be a cursive 'R' or similar, is written over a horizontal line.